01646

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

				CERTIFICA	Reg. Dist. No	//6
1. PLACE OF					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
1	Cambi	ridge		***************************************	State Maryland County Kent	
Only of 10mm	(If outs	ide city or town	imits, write l	RURAL and give nearest town) 16 days	City or town Chestertown	
How long in abov	e place of	death?	ears,	TO GEYS	Gity or town	earest town)
		reel address where			Street No.	
				ital	(If rural, give LOCATION)	
		stitution?	years,	16 days	2.(a) If veteran, name war	
3. (a) FULL		uline Bra	anidan		3. (b) Social Security None	y Number
4. Sex		6. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female		White	Wid	lowed	20. DATE OF DEATH. February 6 19.45	, 10:30 A
0 /8 \ N 1 L	about to	wife C.	C. Bran	nigan	21. I CERTIFY that death occurred on the date above stated; that I attended dec	ceased from
O.(O) Name of ne	tspand of	Wile			T 1	y 6 19 45
7. Birth date of	day yr)	May 13		(c) If alive, give ageyears	and that I last saw h. er alive on February 5	19. 14.5
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	
0. 1.02.	57	8	24	hrs min.	Pulmonary atelectasis	
9. Birthplace	Mill	lington,	Kent C	County, Maryland	Due to Abdominal ascites	
10. Usual occup	ation	Houseworl Cwn home	<u>C</u>		Due to Cirrhosis of the liver	
12. Name	Henr	ry Spear		County, Maryland	Other conditions Healed tuberculosis of the hip joint	Unknown
*		follio U	7.00		(Include pregnancy within 8 months of death)	
14. Malden	name	OTTIC I	2461	County, Maryland	Major findings of operations.	
2 15. Birthpla	ce Mil	llington	, Kent	County, Maryland	Date of on.	
10, thrormant	*************		*****************		Autopsy results Pulmonary at electasis cirr PHYSICIAN: Please underline the cause to which death should be charge	hosis of
11	2	. 1		Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
17	Lus	removal. Which	Date ther	100 Feb 9 1945	Accident, suicide, or homicide	
		1	2:11	(month) (day) (year)		
Cametary or c	rematory		man		Where did injury occur?	
Location			relie	12 to med.	Injured at home, farm, industry, public place (where?)	
40 Eugenet de	.1	Eche	and	Lollan	Means of Injury tnjured at work?	
16. Funeral dire	GT OF	Bu	1h	ite hel	Charles the	
. 2	16/	1 ,45	- 2	mace & mid	23. SIGNATURE Grace M. Branscombe, N. D.M. D	, or other
(Date rec'd	hy regist	rar)		Registrar	Address E. S. S. H. Cambridge , Md. Date signed	2/6/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1270 CERTIFICATE OF DEATH

01647

Reg. Dist. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manyland County Dorscherter
City or town	C. Aud. Rund:
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or sireet address where death occurred:	Street No.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Singly married, widowed, or divorced	MEDICAL CERTIFICATION
und colour manus	d. 1-
9 13	20. DATE OF DEATH
6.(b) Name of husband or wife	Vebrus 2 1045 1 Verbus 14 1085-
7. Birth date of	ars and that I last saw have alive on Year 14 19 4 5
deceased (mo., day, yr.) Systember 4 1898	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Chshuch bounder 3 wk
46 6hrsm	in. aut Cholangitis 3 m/ks
9. Birtholace Christ Rock	Due fo
(Town, county, and state)	Myseadili ant 14 days
10. Usual occupation.	Due fo
11, Industry or business	
12. Name Denul January 13. Birthplace Double C Mid	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Dank Macer 15. Birthplace Senethule Co Ma	
5 15 Birthelace Derehale Co May	Major findings of operations. Date of op.
0	
16. Informant Church Cruch Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date fhereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Cemeters	Where did injury occur?
incolor Church Creek Cember	Injured at home, farm, industry, public place (where?)
18 Funeral director Living Whomas	Means of lojury Injured at work?
Address Comback Mg	C. M. AL DO W.
	23 SIGNATURE Carroll M At Clar Mys
19. Lab. 19 45 John Mace So. (Date rec'd by registrar)	Address Q Tells The Dale signed 2.13'.43

12.0 SIGI SERRAL 1. PLACE OF DEATH:

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

2. USUAL RESIDENCE (HOME) OF DECEASED:

01648

CERTIFICATE OF DEATH

Reg. Dist. No. 116

County. City or town. (It cotside city or town ibaits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred: Annuage Ma. Joupital How long in hospital or institution? How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAME harle Waller Bell	3.(b) Social Security Number		
4. Sex Male 5. Color or reca 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE DF DEATH Jelucy 28 1945, at 8 7 M		
8.(b) Name of husband or wife			
8. AGE: Years Months Says It less than one day	Immediate cause of death Myocarying Fairung Can		
9. Birthplace	Due to CANGRENE BOTH FEET. 9 weeks		
10. Usual occupation	Due to ARTERIOSCHEROSTS GENERALIZE) Offer conditions SENILIT! Sychols with Corebral advisorlerors (Include pregnancy within 3 months of death)		
14. Malden name 15. Birthplace 16. Informant Address Address	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. (Burial, cremation, or removal (Which?) Cemetery or crematory (Carry) Cemetery or crematory (Carry)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Carl Mills Market 19. Funeral director To By Walker Address Col New Market	tnjured al home, farm, industry, public place (whera?)		
19. 2/28/19 45 John Mars 92 The (Date recht by registral)	23. SIGNATURE M. D. or other Addres autor, de ne Date signed 28/w		

MAR 6 1045 THE PERSON NAMED IN

1/10

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01649

CERTIFICAT	E OF DEATH Reg. Dist. No	116
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write-retreat and give new Street No. 23 (If rural, give LOCATION)	A. arest town)
How long in hospital or institution?	2.(a) If yeleran, name war	
3.(a) FULL NAME. J. Bilop	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced / Male White Single	MEDICAL CERTIFICATION 20. BATE OF DEATH	
8.(6) Name of bushand or wite		
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day 70	Immediato cause of death	DURATION
9. Birthplace	Due to.	
11. Indostry or businoss of the works, ele. 12. Name Louis Stolie to 13. Birthplaco Arbbirg Co.	Other conditions Advantage Survey	- Server of
14. Maiden name. January Lunkary. 15. Birthplace Carving Co.	(Include pregnancy within 3 months of death) Major findings of operations	
Address Cambridge, and	Antopsy results	statistically.
17. (Burial, cremation, or removal. Which?) Out thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Caryla Ages md.	Where did injury occur? (City or town) (County) Injured at home, tarm, industry, public place (where?)	(State)
18. Fuoral director, Herrith R. Thomas Address Cambridge, md.	Means of Injury Injured at work? 23. SIGNATURE Survey Def Med.	Gom.
19. 2 26 19 45 John Mary J. M. S. Registrar	Address Cambridge - Md. Date signed.	or other

A PELANCE TO TENANTE STATE CHARTEAN



MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

01650

CERTIFICATE OF DEATH

OIOOO

CERTIFICAL	E UF DEATH Reg. Dist. No.
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or pown, lindty, write RURAL and give nearest jown)	State County
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Ser S. Cajor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. FEBRUARY 7 14 10:30 PM
G.(6) Nome of husband or wife	21/I CERTIFY that death occurred on the date above stated, that I attended deceased from
	January 70 1945, 10 2/7 1945
7. Birth date of deceased (mo., day, yr.) Much 28, 1897	and that I last saw h. A. A. alive on TEBRUAR J 7 1944 5
8. AGE: Years Months Days If leas than one day	Immediate cause of death DUMATUR
Hy years I min.	(Chrocie tuplistes)
6. Birthplace (Town, county, and state)	Due to Apertere
10. Usual occupation.	U colfficient and the second
11. Industry or business a World	Due to.
12. Name	Dither conditions
14. Malden name my Musicand 15. Birthplace Musicand	(Include pregnancy within 3 months of death) Major findings of operations
₹ 15. Birthplace // (Ingliand	Date of op.
16. Informant II MAS Go LEPLA ARC!	Actopsy results
Addeps (Resolved of	PHYSICIAN: Pfease andertine the cause to which death should be charged statistically.
17. Burtai, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Location	Injured at bome, farm, industry, public place (where?)
18. Funeral director of the Banklesser	Means of Injury Injured at work?
Address 1 Wash of T Cambridge	(1) Hands
19. 2-7- 19 45 Doke Mass 9. 3 Registrar	Address Date signed S 45

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FEB 17 1945

BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 108 CERTIFICATE OF DEATH

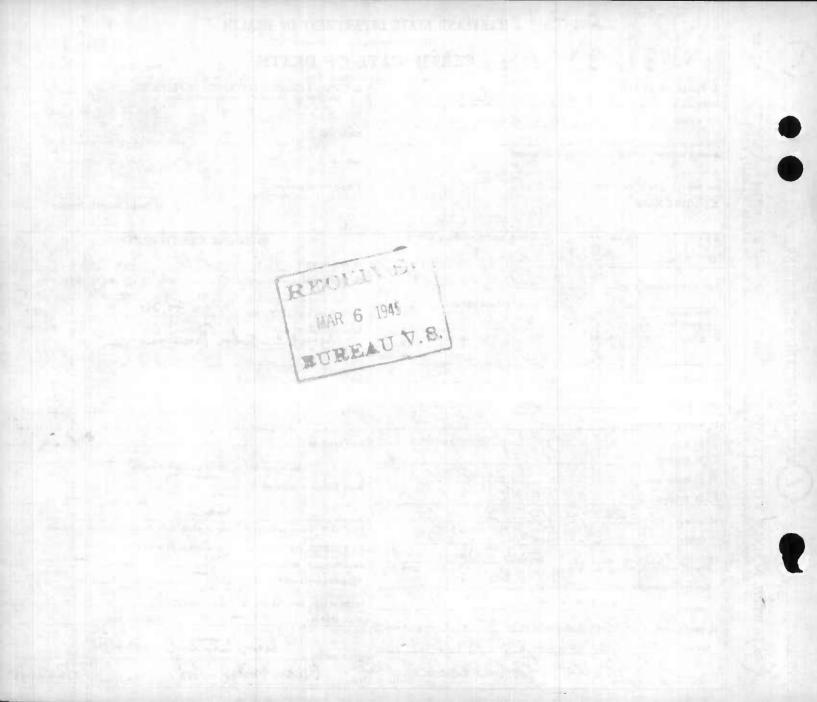
Rog. Diat. No. 116

1. PLACE OF DEATH: Orchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por person infants give residence of mother)
City or town (1f outside city or town limits, write RURAL and give nearest town)	State County Control
How tong in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 20 High St.
How long is hospital or institution?	(If rural, See LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
J. W. Scott Cochra	me none
4. Sex (5. Color or race) 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
agle white Widowed	20. DATE DE DEATH Jet 27 19.45 at 10:15 N
6.(b) Name of husband or wife. Thelen Drall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	end that I fast saw h wa alive on 24 26-
deceased (mo., day, yr.) - 5et. 12 - 1850	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
75 0 /5mln.	
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Lawren & Deacher	Due to
11. Industry or business	
12. Name David Cochrane 13. Birthpiace Ma	Dither conditions
M Comment of the total	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16, latormant Mrs. D. B. Pawell	Autopsy results.
0 · 1 · 1 · 2 · 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address author Mary 1-1945	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or exemptory. Class Church	Where did injury occur?
Location Carulridge, md.	Injured at home, farm, Industry, public place (where?)
18, Funeral disector Terresth K. Thomas	Means of Injury Injured at work?
Address Cainbridge, md.	Furstule mis.
19. 2/28/ 19.45 John Mary G. The (Date rec's by registrar)	23. SIGNATURE Address. Cambrily Mt, M. D. or other Address. Dato signed 2/28-19-48

VS A15

PLEASE

MARGIN RESERVED FOR BINDING



FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 116

01652

CERTIFICATE OF DEATH

8. AGE: Years Months Bays If less than one day 78 3 23 hrs. min. 9. Birthplace Castle Haven, Dor. Co., Md. 10. Usuat occopation. Domestic 11. Industry or bosiness Home 12. Name. James Neal 13. Birthplace Maryland 14. Maiden name. Jane Wilson 15. Birthplace Maryland 16. Informant. Mrs. Fensa Cook Autopsy results. James underline the cause to which death shootd be charged statistically. Physician Please underline the cause to which death shootd be charged statistically.			
State Maryland County Dorchester			
they tong in above place of death? 7 Weeks How tong in above place of death? 7 Weeks Home How tong in above place of death? 7 Weeks Home How tong in hospital, institution, or street address where death occurred: Home How long in hospital or institution? 3. (a) FULL NAME Emma J. Cook 4. Sez Female S. Color or race Female S. Color or race Married Married Married 5. (a) Halire, give age. 56 years deceased (mo., day, yr.) 10/24/1866. 8. AGE: tears Months Days If less than one day 78 3 23 hrs. min. 9. Birthplace. C.B.S. Lie Hayen, Dor. Coo., Md. 10. Usuat occopation. Dome Stice Maryland (If outside city or town limits, write ifURX and give nearest town) Street No. RFD. # 3 Camber 1/4 give LOCATION) Street No. RFD. # 3 Camber 1/4 give LOCATION) Street No. RFD. # 3 Camber 1/4 give LoCATION MEDICAL CERTIFICATION Pebbruary 17:9.45 11. Strind date of deceased (mo., day, yr.) MEDICAL CERTIFICATION 20. DATE DF BEATH. February 17:9.45 11. Let The deceased (mo., day, yr.) 12. Strind date of deceased (mo., day, yr.) Min. But that tast awa hold a date above states; that is stended deceased (mo., day, yr.) Immediate cause of death. Dome stic 10. Usuat occopation. Dome stic 11. Industry or hotiness Home 12. Name. J. Ame. S. Neal Other conditions Major flodings of operations. Date of op. Actopy results. Actopy results the case to which death should be charged statistical.			
Street No. RFD # 3, Cambridge			
Home Home Street fe. Cock Co			
How long in hospital or institution?			
3. (a) FULL NAME Emma J. Cook 4. Sex 5. Color or race Female White Married 6. (a) Single, married, widowed, or divorced Female White Married 20. Date of Beath February 1719.45. at .5.: 21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 3. (b) Rame of husband or wife 6. (c) It alive, give age 3. (a) FULL NAME 7. Sirih date of 4. Sex 6. (c) It alive, give age 5. (d) Rame of husband or wife 5. (e) It alive, give age 5. (e) It alive age 5. (e) It alive, give age 5. (e) It alive, give age 5. (e) It alive, give age 5. (
A. Ser S. Color or race S.	1000000000		
Female White Married 8. (b) Name of husband or wife William H. Cook 6. (c) It alive, give age 5.6. years deceased (mon. day, yr.) 10/24/1866. 8. AGE: Years Months Days if less than one day 78 3 23 hrs. min. 9. Birthptace Castle Haven, Dor. Co., Md. (Town, county, and state) 10. Usual ocception. Domestic 11. Industry or bosiness Home 12. Name James Neal 14. Malden name Jame Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook 18. Autopy results Town of perations. Physicians in the case to which death shoot be charged statistically and property on the date above stated; that i altended deceased from 21. I I I I I I I I I I I I I I I I I I I			
8. (b) Name of husband or wife. William H. Cook 5. (c) It alive, give age 5.6. years deceased (mo., day, yr.) 10/24/1866. 8. AGE: Years Months Days if less than one day 78 3 23 hrs. min. 9. Sirinptace. Castle Haven. Dor. Co., Md. 10. Usual occopation. Domestic 11. Industry or bosiness Home 12. Name. James Neal 13. Birthplace Maryland 14. Maiden name. Jame Wilson 15. Sirinplace Maryland 16. Intermant. Mrs. Fensa Cook Maryland 16. Intermant. Mrs. Fensa Cook Date of op. Date of op. Autopsy results. Maryland Dates tabled be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties the case to which death shoold be charged statistically approximate the properties and that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated; that the death occurred on the date above stated the state above stated approximate the properties and that the date above stated the properties and that the date occurred to the properties and that the date above stated the			
6.(b) Name of husband or wife. William H. Cook 6.(c) It alive, give age 5.6 years 7. Birth date of deceased (mo., day, yr.) 10/24/1866. 8. AGE: Years Months Days It less than one day 78 3 23 hrs. min. 9. Birthplace Castle Haven, Dor. Co., Md. Due to. (Town, county, and state) 10. Usual occopation. 11. Industry or bosiness Home 12. Name James Neal 13. Birthplace Maryland 14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook 16. Informant Mrs. Fensa Cook 17. Birth date of new interesting on the date above stated; that t attended deceased from James Stated and Stated and Stated Stated and Stated St	30.Pm		
7. Birth date of deceased (mo., day, yr.) 10/24/1866. 8. AGE: Years Months Days If less than one day 78 3 23 hrs. min. 9. Birthptace Castle Haven Dor. Co., Md. Due to. Co., M	.45		
Second (mo., day, yr.) 10/24/1866	3.k		
8. AGE: Years Months Days If less than one day 78 3 23 hrs. min. 9. BirthptaceCastle Haven. Dor. Co., Md. 10. Usuat occopation Domestic 11. Industry or bosiness Home 12. Name. James Neal 13. Birthplace Maryland 14. Maiden name. Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook 16. Informant Mrs. Fensa Cook Autopsy results Months 16. Informant Mrs. Fensa Cook 16. Informant Mrs. Fensa Cook 17. Maiden preprint the cause to which death shootd be charged statistically. 18. AGE: Years Months Days If less than one day 19. Bue to Carcinol Mills of Cook 19. Bue to Carcinol Mills of Cook 10. Usuat occopation Due to Carcinol Mills of Cook 11. Industry or bosiness 12. Name James Neal (Include pregnancy within 3 months of death) Major fieldings of operations. Mrs. Fensa Cook Physician Please underline the cause to which death shootd be charged statistically.	RATION		
9. Sirthplace Castle Haven, Dor. Co., Md. 10. Usuat occopation Domestic. 11. industry or bosiness Home 12. Name James Neal 13. Sirthplace Maryland 14. Maiden name. Jane. Wilson 15. Sirthplace Maryland 16. Informant Mr.s. Fensa Cook PHYSICIAN. Please madeling the cases to which death shooth be charged statistically.	10.		
9. Birthplace C.S. LIE Haven DOP. Go., Md. 10. Usuar occopation. Domestic 11. industry or bosiness 12. Name James Neal 13. Birthplace Maryland 14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant. Mr.s. Fensa Cook Autopsy results. Down Physician. Place to which death shooth be charged statistically.			
11. Industry or bosiness Home 12. Name James Neal 13. Birthplace Maryland (Include pregnancy within 3 months of death) 14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook PHYSICIAN Please maderline the case to which death shootd be charged statistically.	2. t		
11. Industry or bosiness Home 12. Name James Neal 13. Birthplace Maryland (Include pregnancy within 8 months of death) 14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook PHYSICIAN Please maderline the case to which death shootd be charged statistically			
12. Name James Neal 13. Birthplace Maryland (Include pregnancy within 3 months of death) 14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook Autopsy results PHYSICIAN Please maderline the cases to which death shootd be charged statistically			
13. Birthplace Maryland (Include pregnancy within 3 months of death) 14. Malden name Jane Wilson Major fieldings of operations Major fieldings of oper	144000000000000000000000000000000000000		
14. Maiden name Jane Wilson 15. Birthplace Maryland 16. Informant Mrs. Fensa Cook Autopsy results PHYSICIAN Please maderline the cases to which death shootd be charged statistically	0.7		
16. Informant Mrs. Fensa Cook Autopsy results Works which death shootd be charged statistically			
16. Informant Mrs. Fensa Cook Autopsy results Works which death shootd be charged statistically	2000020000000000		
PHYSICIAN- Please underline the cause to which death shootd be charged statistically	00.010000000000000		
	у.		
Address Cambridge, RFD # 3, Md. 22, VIOLENCE: tf death was due to externat causes, fill in the following:			
Burial Bate thereof. 2/20/1945. Accident, suicide, or homicide. Bate of			
Cemetery or crematory			
Location Cambridge, RFD # 3, Maryland tnjured at home, tarm, industry, public place (where?)			
18. Funerat director LeCompte's Funeral Service Means of injury tnjured at work?			
Address Cambridge, Maryland.	Q.		
19. 2/19/19 19. 45 John Mace 1 18 23. SIGNATURE 23. SIGNATURE Address Adultides Md Davigned 2-19-	45		

TANK SERVICE AND STATISTICS OF BILLIAN The second service of the second COMPANIES CONTRACTOR Some and a second

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

CERTIFICATE OF DEATH

01653

			1.1
Reg.	Dist.	No.	116

1. PLACE OF D	EATH: Dorches	ster		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Cambric	lge	***************************************	State Maryland County Dorchester
City or town(If	outside city or town	limits, write R	URAL and give nearest town)	Cambridge
How long in above place	o of death?		ears	
Hospital, institution, (or street address where	e death occurred		Street No. 203 Mill St. (If rural, give LOCATION)
			***************************************	2.(a) It veteran, name war None
	or Institution?			
3. (a) FULL NAM		D		3. (b) Social Security Number
	J.Simmons			214-05-0395
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	100	arried	20. DATE OF DEATH February 18 19 45 ,218:557
	20 200000 2022 00 00 00 00 00 00 00 00 0		LeCompte o) If alive, give ago	
decoased (mo., day	, yr.)		I It less than one day	Immediato grase of death
8. AGE: Yes	Months 3	Days 26		Choese for
07	3	20	hrs	in.
tD. Usual occopation	L	Sign and	99*************************************	Due to.
11. Industry or busin				
F			son	Dther conditions
	Talbot			(Inclode pregnancy within 3 months of death)
置 14. Malden nam	Anna Si Dorches	Lmmons		Major fiedings of operations.
日 14. Malden nam	Dorches	ster C	0.	Date of op.
t6. Informant	Mrs.Bl:	anche	L. Dawson	
Address				22. V10LENCE: It doath was due to external causes, fill in the tellowing;
11 Buri	on, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide
	Christ	Chur	ch Cemetery	Where did injury occur?
Landler	Cambri	dge . Me	ì.	Injured at home, tarm, Industry, public place (whore?)
LOCATION	Kennet	h R. Ti	nomas	Moans of Injury Injured at work?
t8. Funeral director	***************************************			
Address	Cambri	idge, M	d.	- a mount the time
4,	2. 1.	- 1	0 m 0 m	23. SIGNATURE
(Date rec'd by	registrar) 19.7	for	Regist	rar Address Date signed 7

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M to CER

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	State Maryland County Dorchester
City or town (If outside city or town Whits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town Steelack
How long in 200ve place of Death	(If outside city or town limits, write RURAL and give nearest town)
Cambridge - Maryland Hospital .	Street No.
1 1- 1- 11	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Widowed	20. DATE OF DEATH Filmary 15 19 45 21 1:05P.
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	2/6 (0 1945 to lef 15 18 43
7. Birth date of	years and that I last saw halive on
deceased (mo., day, yr.) October 4, 1869	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Consileste Melon
75" 4 11hrs.	min. the older 624
mareland	
9. Birthplace	Due to
10. Usual occupation James	
	Due to
11. Industry or business Lieuwe Dally	
₹ 12. Name	Other conditions
	(Incinde pregnancy within 3 months of death)
14. Maiden game. Legates	(Incinde pregnancy within 3 months of death)
6	Major findings of operations.
15. Orthpiace	Date of op. 2 /5 / Y J
16. Informant Thorntal Records	Antopoy results 0.323 Antopoy
Address Coulrier Maryland	PHYSICIAN: Please underline the capt to which drath should be charged statistically.
D . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Concellery	Where did injury occur?
Quet mentione but	
Location Persistent March 1900 Control of the Contr	Injured at home, farm, Industry, public place (where?)
18. Funeral director F. L. Melangaly	Means of Injury Injured at work?
or to isde . A. A.	a man harm
Address o and new markey	BY SIGNATURE Janua Moren MO.
19. 2 /16 (4) 18 John Mace S.	M. D. or other
(Date fee'd by registrar) Regis	strar Address Casalay Date signed 4 // 4/

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

Story Loss of Bridge,

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

01655

			7	9	43
Reg.	Dist.	No.			0

	es St., Baltimore (197a)	0.1000
CERTIFICAT	TE OF DEATH	Rog. Dist. No. 116
I. PLACE OF DEATH: County Cambridge—Dorchester Co. City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) tow long in above place of death? Lespital, lostitution, or street address where death occurred: Cambridge Maryland Hospital tow long in hospital or institution? Bobbie Edward Drake	City or town Losan (If outside city or town limits Street No. 47 High St	ounty Logan
4. Sez 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
Male White Single		ruary 16, 4512:15A
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date a	
S.(c) If alive, give ageyears	11	19
7. Birth date of		19
8. AGE: Years Months Days 16 If less than one day	Immediate cause of death	Failure on
9. Birthplace Charleston, West Virginia (Town, county, and state) 10. Usual occupation.	Due 10.	1 n/k
11. Indostry or business		
12. NameQuincy T. Drake	Other conditions	
13. Birthplace Big Creek, West Virginia Estelle Ruth Fauley	(Include pregnancy within	***************************************
2 15. Birthplece Logan Co., West Virginia		Date of op
te. Interment Quincy Drake	Antopsy results	which death should be charged statistically.
Address Vienna, Md.	22. VIOLENCE: If death was due to external c	
to Burial Bate thereof Feb. 18 194	Accident, autoide, or homicide	
Cometery or crematory Drake Family Cemetery	Where did injury occur?(City or town	(County) (State)
Location Logan Co., West Virginia	Injured at home, farm, Industry, public place	
18. Funeral director LeCompte's Funeral Service. Address Cambridge, Md.	In the state .	Injured at work? Del. Mod Exp
19. Jel. 23-19 45 John Many Ja. 77. (Dato ree'd by registrar) (Registrar	23. SIGNATURE	M. D. or other

MARGIN RESERVED FOR BINDING

VS-A15

a Control of the same and the s All attended to

Note:

The reason why this certificate is late is because Dr. Lida O. Meredith refused to sign after giving us a release and assurance that she would sign. We then had to appeal to the Deputy Medical Examinor, which was done before interment but which has taken considerable time.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2007)

01656

CERTIFICATE OF DEATH

Reg. Diat. No. 116

	ter		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
DUUIII J	P++++000000000000000000000000000000000	***************************************	State Maryland County Dorchester		
City or town RuralCambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: HomeTown PointNr. Cambridge			City or town Rural Camb	nide	
			Street No. Town Point Nr. Cambridge (If rural, give LOCATION)		
How long in hospital or institution	?		2.(a) It veteran, name war		
(a) FULL NAME Nannie McBride Harding				3. (b) Social Security Number	
4. Sex Semale Whi		, married, widowed, or divorced Married		CERTIFICATION ruary 8 10 45 11:55P	
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date a	940, 10 File 8 19 48	
7. Birth date of deceased (mo., day, yr.)) It alive, give ageye	and that I last saw halive on	1992	
	iths Days 28	If less than one day	n.	Herrologe Play	
9. Birthplace Salem,	Dorcheste	r Co., Md.	Oue to Aug.	in 6 m	
	Home		Due to	Jeors Jan	
E 12. Name Samu	uel McBri yland	.de	Other canditions (Include pregnancy within	the Policy	
14. Malden name Mary	y Raleigh yland.		Major findings of operations		
16. Informant		168			
17. Burial (Burial, cremation, or remov	Date there	month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory		Cemetery Md.	Where did injury occur?		
18. Funeral director		uneral Servi	Means of Injury	Injured at work?	

FEB 17 1945 BUREAU V.S. correct age

information carefully. The co

item of i

ADING INK. Supply eve Physicians: please write

important.

PLAINLY, is especially

WRITE

PLEASE

(Date rec'd by registrar)

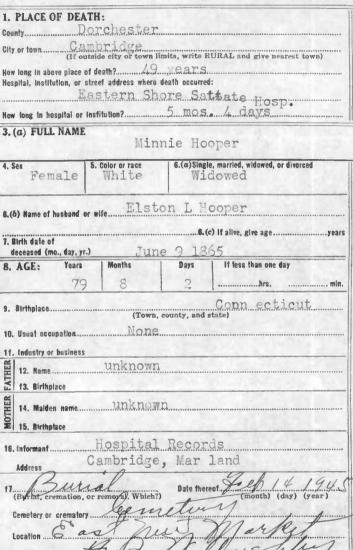
MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore @

CERTIFICAT

E OF DEATH	Reg. Dist. No// 6
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
State Maryland coun	
Street No. High Street	t
2.(a) If veteran, name war	
	3. (b) Social Security Number
	none
MEDICAL CE	RTIFICATION
20. DATE OF DEATH February	11 45 at 010.00
21. I CERTIFY that death occurred on the date above September 7 19. 4	4. to Tebruaryll 19 4
Immediate cause of death	
General Arterio	sclerosis unknown
Due fo	
Due fo	
Other coodHons Hemiplegia	2 yrs
01	2111
Unronic Lyoca	rditis unknow
(Include pregnancy within 3 m	erditis unknow conths of death)



Means of Injury

Where did injury occur?

Injured of home, farm, industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill to the following:

Accident, suicide, or homicide.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Cambr die Md. Date signed Fob.

Injured at work?

RECEIVED FEB 17 1945 BULLAU V.S. age

correct

I. PLACE OF DEATH:

(If outside city or town) mits, write RURAL and give nearest town)

IARGIN RESERVED FOR BINDING PLAINLY, vis especially WRITE LEASE

important.

Address

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDT	FEE	CATTE	OT	DE	DOT !
CERT	IFI	CATE	UF	DEA	VIII-

Reg. Dist. No. 116 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

How long in above place of death?	Street No. 1 / Won G (If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Singly married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.4.5 21.7.14 5		
8.(b) Name of husband or wife S.(c) If alive, give age year deceased (mo., day, yr.)	21. I EETIFY that death occurred on the date above stated: that I attended deceased from 19. 45., to 19.4		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 10d		
9. Birthplaca The Crown, county, and state) 10. Usual occupation S	Bue to On Mayounde 1940		
11. Industry or business 12. Name	Bue 10		
14. Malden name. I Sohner 15. Birthplace Bright G. M. 1	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op.		
Address Helbus MA 17. Burice Date thereof. 2/15/45	Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to esternal causes, fill in the following:		

Where did lajury occur? (City or town)

(County)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

M. D. or other

FEB 17 1945
BUREAU V.S.

2411 N. Charles St., Baltimore (93-1)

01659

CERTIFICATE OF DEATH

1. PLACE OF DEATE			2. USUAL RESIDER	NCE (HOME) OF	DECEASED:	
			State Maryland county Dorcheste		**************************************	
		RAL and give nearest town)				
How long in above place of d	death?29 yrs.	8 mos.,	(If out	side city or town limits.	write RURAL and give near	est town) .
Easterr	eel address where death occurred: n Shore State Ho	nsnital	Street No			
	illution? 29 yrs		0 (=) 141	(If rural, give l	LOCATION)	
3. (a) FULL NAME	THU 11007		2.(d) II veleran, name wa	1 ·····		
Josep	oh Lankford				3. (b) Social Security N	umber
4. Sex 5.	. Color or race 6.(a) Single,	married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male	White !	Nidowed	2D. DATE DF DEATH	February	13 19 44	at4.55p.m
6.(b) Name of husband or v	wife Cora	Lord	21. I CERTIFY that death	occurred on the date abov	e stated; that I attended decea	sed from
	R (c)	If alive, give ageyears	Jun	e 1 193	9 February	13.19.45
7. Birth date of	August 1 18	267	and that I last saw h	imalive on Peb	ruary 13	19/45
deceased (mo., day, yr.) 8. AGE: Years	Months Days	If less than one day				DURATION
83	7 mos. 12	hrsmin.			itis &	
			IE V	ocardial De		2 yrs
9. Birthplace	(Town, county, and st	o. Maryland				***************************************
1D. Usual occupation						***********************
11. Industry or business	Unknov					•••••
		Cord			rterioscleros	s 5 vrs
12. Name		ster Co. Maryland				
M I I I I I I I I I I I I I I I I I I I	Leah Mart				ssive Psychosi	
14. Malden name 15. Sirthplace			Majur findings of opera	tiaus		
≥ 15. 8irthplace	Dorch	nester Maryland			Date of op	
16. Informant	Hospital Record	J.S	Autopsy results	1 24 4 4 4 4 4	ich death should be charged s	
Address	Cambridge, Mar	ryland				audiceny.
17 Burin	L Note theren	(month) (day) (year)		h was due to external caus		
17. Burial, cremation, or	//	(month) (day) (year)			Date of	
Cemetery or crematory	() Sugalle	7	Where did injury occur?	(City or town)	(County)	(State)
Localion	do Tro	be surveyen	Injured at home, farm, le	ndustry, public place (wh	ere?)	
18. Funeral director	413. Wel	loughly	Means of Injury	7	Injured at work?	
a.	1-70 / 5	n la la	6	/he .).	/hu	ulho
Address O & W	-	perrus	23. SIGNATURE	all III	Mulletin	other
19. Felomes	15-45 Doc	w Mace & . m.	9.	arace, Y. B	ranscombe M.D. of	other
(Date month has maniste	1-1	Daniatuan	Later Com	hani dana 147	Buts stand	D : 20 /.

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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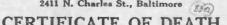
CERTIFICA CERTIFICA	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: Cambridge Msryland Hospital How long in hospital er institution? — /1 Juny 3 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marvland County Dorchester City or town Cambridge (If ontside city or town limits, write RURAL and give nearest town) Street No. High Cambridge Hotel (If rural, give LOCATION) 2.(a) If relevan, name war. 3. (b) Social Security Number
Nannie Chew Le Compte 6. Seg 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH. February 26, 145, at 10.10 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Nov. 24, 1853.	and that I last saw h
8. AGE: Years Months Days If less than one day 91 3 2	ARIBEGIATO CARSO OI GESTS.
9. Birthplace Cambridge, Dor. Co., Md. (Town, county, and state) 10. Usual occupation SchoolaTeacher (Retired) 11. Industry or business	Due to. Due to.
11. Industry of Dusiness 12. Name. Dr. William Byrne LeCompte 13. Birthplace Maryland	Other conditions
14. Malden name. Sarah Burgess Keene 14. Malden name. Maryland.	(Incinde pregnancy within 3 months of death) Major findings of operations. Date of op.
18. tnformant V. Calvin Trice Address Locust St., Cambridge, Md. 17. Burial Date thereof Feb. 27. 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory. Cambridge Cemetery Location Cambridge, Maryland 18. Funeral director. LeCompte Is Funeral Service Address Cambridge, Maryland. 19. Jul. 22. 19. 45 (Oute rec'd by registrar) Registrar	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or object

A15 SA

RECURNING MAR 6 1945
BUREAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



01661

			011
e.	Dist.	No.	116

CLICATI	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town(If ootside city or town limits, write RURAL and give nearest to	OWN) Clty or town
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Clarkon Sec	3. (b) Social Security Number 224-03-3760
4. Sex 8. (a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
mole see sugle	20. DATE OF DEATH. Letter & 1945 at Alice Man
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from
7. Birth date of	years and that I last saw h
deceased (mo., day, yr.) July 17 19/5	Immediate cause of death
8. AGE: Years boths Days tt less than one day hrs	min. Centre Remontinge 3 Lays
9. Siribplaca Wheeling W. Va (Town, coupy, and state)	Bue to Aypertermin 1944
10. Usual occupation. Gen. Kabores 11. Industry or business Factory	Due to Casal Salutation 10 day
E 12. Name	Other conditions
Z t3. Birthplace	
14. Maiden name Jennie Morsley	(Include pregnancy within 3 months of death)
14. Malden name Jennie Morsley 15. Birthplace Mheeling W. Va	Major fiedings of operations
16. Informani Ida Bowen	Actopsy results
Address CAMPYIQ DE, MId	22 VIOLENCE, if death was due to external causes fill to the tollowing:
(Burial, cremation, or removal, Which?) (month) (day) ((year) Accident, Suicide, or numicide
Paralaxed as NI 1	Where did injury occur?
18. Fueeral director, M. M. S. Flace So	Means of Injury Injured at work?
Address Jumbreslye Md.	23. SIGNATURE Cany of the cear may
19. 2/13/ 10 45 / John Traces	23. SIGNATURE M. D. or other M. D. or other

RECEIVED
FEB 17 1945
BUREAU V. 8.

THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

01662

CERTIFICATE OF DEATH

Cambridge Now long in above place of death?	1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
New long in above place of death?	WUIII	State Maryland County Dorchester
Soprial Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)	City or town Hurlock
Street No. Cambridge - Maryland Hospital Street No. (If rural, give LOCATION)	How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Now long in hespital or institution?. died while admitting 3. (a) FULL NAME Luther Henry Long 4. Set	Hospital, Institution, or street address where death occurred:	
3. (a) FULL NAME Luther Henry Long 4. Sex	died while admitting	
Luther Henry Long 4. Sex		2.(a) If veteran, name war
male colored divorced 5.(b) Name of hueband or wife. Victoria Brown 5.(c) I salve, give age. yeers deceased (mo., day, yr.) December 12, 1903 5. AGE: Vears Months Days If less than one day 4 X hrs. X min. 9. Birthplace County, Md. Cown, county, and state) 10. Usual occupation. Laborer 11. Industry or business Farm and Mill 12. Name. Tilghman A. Long. 13. Birthplace Maryland 14. Malden name Annie E. Jackson Maryland 15. Birthplace Maryland 16. Intermant. Tilghman A. Long. Autopsy results. X PHYSICIAN: Please underline the cause to which death should be charged statistically.		3. (b) Social Security Number
6.(b) Name of hueband or wife Victoria Brown 7. Birth date of deceased (me., day, yr.) December 12, 1903 8. AGE: Years Months Days If less than one day 4 L X hrs. X min. 9. Birthplace Dorchester County, Md. 10. Usual occupation. Laborer 11. Industry or business Farm and Mill 12. Name. Tilchman A. Long 13. Birthplace Maryland 14. Malden name Annie E. Jackson Maryland 15. Birthplace Maryland 16. Informant. Tilchman A. Long 16. Informant. Tilchman A. Long Maryland 27. DATE of BEATH. 1905 Class 13 to 19. Indicate; and that I attended deceased from X 19. Indicate; and that I last saw h. X alive on X 19. Indicate of death. Cardiac Pailure 20. Date of beath. 20. Indicate; and that I attended deceased from X 19. Indicate on X 19. Indicate of death. Cardiac Pailure 19. Indicate of death. Cardiac Pailure 10. Usual occupation. A Long 11. Industry or business Farm and Mill 12. Name. Tilchman A. Long 13. Birthplace Maryland 14. Malden name Annie E. Jackson Maryland 15. Birthplace Long of operations. X Major findings of operations. X Major findings of operations. X PHYSICIAN: Please underline the cause to which death should be charged statistically.	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 X krs. X mln. 9. Birthplace Dorchester County, Md. Due to Lobar Pneumonia 4 days 10. Usual occupation Laborer 11. Industry or business Farm and Mill 12. Name Tilshman A. Long Lobar 13. Birthplace Maryland 14. Maiden name Annie E. Jackson 15. Birthplace Maryland 16. Informant Tilshman A. Long 16. Informant Tilshman A. Long 17. Birth date of decamber 19. 19. 19. 18. AGE: Years Months Days If less than one day Cardiac Failure 19. Town Cardiac Failure 19. Town Cardiac Failure 10. Usual occupation Lobar Pneumonia 4 days 11. Industry or business Farm and Mill 12. Name Tilshman A. Long 13. Birthplace Maryland 14. Maiden name Annie E. Jackson 15. Birthplace Maryland 16. Informant Tilshman A. Long 17. Birthplace Maryland 18. Informant Long Physician Long 19. Town Autopsy results 20. Autopsy results X 21. PHYSICIAN: Please underline the cause to which death should be charged statistically.		20. DATE OF DEATH. February 16 19.45 al 2 noom
T. Birth date of deceased (mo., day, yr.) December 12, 1903	6.(b) Name of hueband or wife. Victoria Brown	·
Second (mo, day, yr.) December 12, 1905 Immediate cause of death. DURATION	S.(c) If alive, give ageyeers	3 X 3 3 4 5 4 6
8. AGE: Years Months Days If less than one day 41 2 4 X hrs. X min. 9. Birthplace Dorchester County, Md. 10. Usual occupation. Laborer 11. Industry or business Farm and Mill 12. Name. Tilghman A. Long 13. Birthplace Maryland 14. Malden name Annie E. Jackson 15. 6irthplace Maryland 16. Informant Tilghman A. Long 18. Informant Tilghman A. Long 19. Maryland 19. Maryland 10. Usual occupation. X 10. Usual occupation. X 11. Industry or business Farm and Mill 12. Name. Tilghman A. Long 13. Birthplace Maryland 14. Malden name Annie E. Jackson 15. 6irthplace Maryland 16. Informant Tilghman A. Long 17. Major findings of operations X 18. Informant Tilghman A. Long 19. PHYSICIAN: Please underline the cause to which death should be charged statistically.	deceased (mo., day, yr.) December 12, 1903	
9. Birthplace Dorchester County, Ma. 10. Usual occupation. Laborer 11. Industry or business Farm and Mill 12. Name Tilchman A. Long 13. Birthplace Maryland 14. Malden name Annie E. Jackson 15. Sirthplace Maryland 16. Informant Tilchman A. Long 17. Name Tilchman A. Long 18. Informant Tilchman A. Long 19. Waryland Antippy results. X. PHYSICIAN: Please underline the cause to which death should be charged statistically.		Ammediate case of death
10. Usual occupation Laborer 11. Industry or business Farm and Mill 12. Name. Tilghman A. Long 13. Birthplace Maryland 14. Malden name. Annie E. Jackson 15. Birthplace Maryland 16. Intermant. Tilghman A. Long 17. Name. Tilghman A. Long 18. Intermant. Tilghman A. Long 19. Usual occupation X Other conditions. X (Inclinde pregnancy within 8 months of death) Major findings of operations. X PHYSICIAN: Please underline the cause to which death should be charged statistically.	41 2 4 <u>X hrs. X min.</u>	
Due to	hehoren	Due to Lobar Pneumonia 4 days
12. Name	ID. USUAI OCCUPATION.	
14. Malden name	E 12. Name Tilghman A. Long	Other conditions
15. 8 Irithplace Maryland		(Include pregnancy within 8 months of death)
16. Informant Tilghman A. Long Autopsy results. X PHYSICIAN: Please underline the cause to which death should be charged statistically.	E 14. Malden name Annie E. Jackson	Major findings of operations.
16. Informant Tilghman A. Long Autopsy results. X PHYSICIAN: Please underline the cause to which death should be charged statistically.	15. 8 ortholace Maryland	
PHYSICIAN: Please underline the cause to which death should be charged statistically.		Antoney yessits X
Address ~ a S O LV CVATA L ELV O INC.	Address Last NewMarkwt Md.	
22. VIOLENCE: If death was due to external causes, fill in the following; (Burlal, cremation, or removed, Which?) Date thereof. Feb. 19 1945 (month) (day) (year) Accident, suicide, or homicide	17. Burlal, cremation, or removed, Which?) Date thereof Feb. 19 1945 (month) (day) (year)	
Cemetery or crematory. County (City or town) (County) (State)	Cemetery or crematory Com lively	Where did injury occur?
E To The state of	E & Market	
Magne of Injury Injured at work?	Kin A alled	
16. Funeral director	18. Funeral director	
Address Cast new Market 23. SIGNATURE M. D. or other	Address Cast new market	- 23. STENATURE. Shriver, Dof. Mid. Exam.
19. 2 19. 45 Shallauf 19. 45 Cambridge, Md. Date signed Fob. 16./4	19. 2/19/ 19.45 - John Maces fr. M.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			116	119
Reg.	Dist.	No.	110	

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothor)		
			state Maryland county Dorchester		
(If outside city or town limits, write RURAL and give nearest town)			city or town roddville		01000010
How long in above place of death?					
			Street No. Toddville	A COLUMNIA	********
			2.(a) if veteran, name war		
	or Institution?		3. (b) Social Security Number		
3.(a) FULL NAI		makka William Namadi	41		
	5. Color or race	rette Wilson Meredi 6.(a)Single, married, widowed, or divorced	th 212-165-024 MEDICAL CERTIFICATION		
4. Set		The state of the s			-
Male	White	Married	20, DATE OF DEATH.	lary 20 19 45 at 6:0	SU. A
6.(b) Name of husba	era er mironininini	a rodd Meredith	21. I CERTIFY that death occurred on the date at	4.5 to July 10	45
7. Birth date of			and that I last saw haran alive oo	Telta 19	9.45.
deceased (mo., da	y, yr.) Oct	. 17, 1906.	Immediate cause of death	DUR	ROITA
o. Aul.	ers Months	Days If less than one day	Chrone 11	yours ditis 6	MA
38	4	3hrsmin.			
9. BirthplaceT.O. 10. Usual occupation 11. Industry or busic	Mail D	Dor. Co., Md.	Due to		
12. Name 13. Birthplace	Harvey T.	Meredith	Dther conditions		
13. Birthplace maryland			(include pregnancy within 3	months of death)	
14. Malden name Rosie Lawson weredith			Major findings of operations		
		major manage of operations			
15. Birthplace Maryland 16. Information Mrs. Hilda Meredith		4.4		011 0028 08 88 0	
TO THE WHITE		Autopsy results		у.	
Address Toddville, Maryland.		22. VIOLENCE: If death was due to external c			
17. Burial Date thereof Feb. 22, 1945 (Burial, cremation, or removal, Which?)					
(Burial, cremat	natory Zion	M. E. Cemetery	Where did injury occur? (City or town) (County) (State)		
		, Maryland.	Injured at home, farm, industry, public place	(where?)	
LOCATION		's Funeral Service	Means of Injury	Injured at work?	
Address		e, Maryland.	In 19 1	Triver M. A.	
19. Fel	12 1045	Wilam & Prytche	23. SIGNATURE	M. D. or othor	20/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly— MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

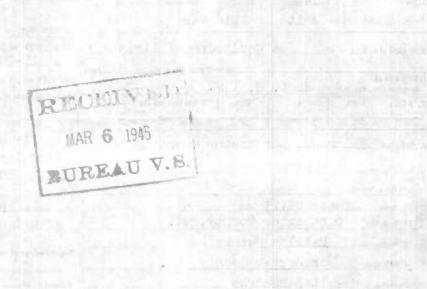
2411 N. Charles St., Baltimore (937)

01664

CERTIFICATE OF DEATH

D'	2.1	116

	Keg. Dist. No.
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For cowborn logants give residence of mother)
County	37- 3
How tong in above place of death? 3 MOS. 8 days Mospital, institution, or street address where death occurred: Eastern Shore State Hosp., Cambbidge,	City or town. LIGORAGO (If outside city or town limits, write RURAL and give nearest town) Md. Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Perry E. Milligan 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex S. Color or race 6.(a)Single, married, widowed, or divorced Male White Widower	MEDICAL CERTIFICATION 20. DATE DF BEATH FEBRUARY 28 19.45 at 2:33p.m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) Sept. 8, 18/2	Immediate cause of death Congestive Heart DURATION
8. AGE: Years Months Days If less than one day	Failure 2-1-45
9. Birthplace	vascular Disease. 4 mos F
12. Name Isaac Milligan Isaac Milligan Dorchester County, Md.	
14. Malden name Matilda Murphy 15. Stringlace Dorchester County, Md.	Major findings of operations
16. tnformantHospital Records	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address E. S. S. H., Cambridge, Md. 17. Curial Bate thereof March 4 19 (Burial, cremation, or removal. Which?) Cemetery or crematory Ital Crest Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; ear) Accident, suicide, or homicide
Location Federalsburg, Maryland 18. Funerat director of A. Franklow and Son	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Federalsburg Maryland 19. 3/2/ 19 45 John Mary J. (Dark rec'dby registrar)	23. SIGNATURE M.D. or other Address E. S. S. H. Cambridge, Michte signed 2-28-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

01665

		CERTIFICA	TE OF DEATH Reg. Dist. No.	0 119	
1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
			state Maryland County Dorchester		
		its, write RURAL and give nearest town)			
		<u>fe</u>	City or town	est town)	
	or street address where de	eath occurred: Home)	Street No. Biskop Head [If rural, give LOCATION]		
	-				
3. (a) FULL NA			2.(a) If veleran, name war		
S. (G) FULL NA		ouise Bramble Morri	3. (b) Social Security N	umber	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Widowed	20. DATE DE DEATH	7.304	
		ard J. Morris	21.1 CERTIFY that death occurred on the date above stated; that I attended decease		
	- 1		Jew 25 1945 10 Feb. 6		
7. Birth date of			aptithat I last saw head alive on Fife 5		
deceased (mo., da)			Immediate cause of death. Attico flant	A DURATION	
8. AGE: Yes	ars Months	Days If less than one day		6xes.	
88		hrsmin.			
9. BirthplaceE	Bishops Hea	ad unty, and state)	Due to	***************************************	
		estic		**********************	
			Due to	***************************************	
11. Industry or busin	- ALVANO	Bramble			
E			Dther conditions	000000000000000000000000000000000000000	
≦ 13. Birthplace	Not Know		(Include pregnancy within 8 months of death)		
14. Maiden nam 15. Birthplace	e Not Kno	O WIT	Major findings of operations	30800000000000000000000000000000000000	
15. Birthplace			Date of op		
16. InformantM	ir. Troy Mo	rris	Autopsy results		
Address 2.3	3 Race St.	. Cambridge . Md.	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.	
Burial Bate thereof Feb. 9, 1945. (Burial, cremation, or removal, Which?) Date thereof Feb. 9, 1945.			22. VIOLENCE: If death was due to external causes, fill in the following;		
			Accident, suicide, or homicide		
Cemetery or crematory Greenlawn Cemetery			Where did injury occur?	(State)	
Location Cambridge, Md.			Injured at home, farm, industry, public place (where?)		
		s Funeral Service	Means of Injury Injured at work?		
Address	Cambrio	dge. Md.	026		
		11010	23. SIGNATURE G. H. Teco-e. M. D. or	other	
19. (Date rec'd by	registrar) 19	Wilson D. Jonaho	Address Basselice 20 Date signed		



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. SELECT A SECOND SECON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Big

CERTIFICATE OF DEATH

01666

		CERTIFICA	IE OI DEATH	Reg. Dist. No.
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) C (For newboru lufants give residence of	mother)
City or town	outside city or toys e of death? r street address where	himits, write RURAL and give nearest town) Life death occurred:	Mean 7.	
How long in hospital o	r Institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	E 4	ieda O. Paul		3. (b) Social Security Number
4. Sex Female	5. Color or race	6.(a)Single, married, widowed, or divorced		ERTIFICATION 12- 1945 at 2:45 A.
B.(b) Name of husband	01 WILC	bert K. Paul	21. I CERTIFY that death occurred on the pate eb	
7. Birth date of deceased (mo., day,	yr.) Febru		and that I last saw h allve on I	L. L 19 4-8
8. AGE: Years		8 If less than one day	The carekill	umalisme
		Maryland state)	Oue to	
11. Industry or busines		Home	Due to.	
	Jorchester	County, haryfound	Other conditions (Include pregnancy within 8	
14. Malden name.	alice of	C. Harring	Major findings of operations.	
18. Interment. albert K. Paul Address Nieliansburg Maryfand R. F.D. F. L. 14 (200			Autopsy results. PHYSICIAN: Please underline the cause to w	
			22 VIOLENCE M death was due to sylemal as	uses, fill in the following;
(Burial, cremation	VI I	Date thereof February 14 1945 (month) (dof) (year)		(County) (State)
Location Near Hurbor Mayfall 18. Funerel director & Frankton & Son				vhere?)
1B. Funerel director Address Fe	Winest	/ \.	23. SIGNATURE	nier :
19. Februar	4 14 19 45 - Fistrar	- Charlo Hasting	Address Juels ells	M. D. or other. Date signed 2 - 13 - 43

MAR 6 1945
BUREAU V.S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01667

CERTIFICAT	E OF DEATH Rog. Dist. No
I. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) Slate County
New long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4, Sex 5. Color or race 6. (a) Slogle, married, widowed, or divorced Mal. Caland Midowed, or divorced 8. (b) Name of husband or wite Bulletha Malack	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) P. ACE. Years Months Days If less than one day	and that I last saw by an alive on 19.75 to 19.75 Immediate cause of death DURATION
56 4 9min.	Elsebral Harmonkey 2 dage
9. Simplace (Town, county, and state) 1B. Usual occupation.	Due to
11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace	Other conditions
18. totormant 2 CCD	Antopsy results
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory Location Commeters or crematory	Where did injury occur?
Address Combridge To St.	23. SIGNATURE DE M. Surives M. D. or other
19. (Date rec'y by registrar)	Address Cosselland ge M. Ch. Bate signed . Man . ff

RECENT W BUREA

2411 N. Charles St., Baltimore 157-9

-	1	D	0	8	
	B.T			11	6

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Bay Boy Sompson	3. (b) Social Security Number
4. Sex (5. Color orksce 6.(a) Sidgle, married, widowed, or divorced have been four	MEDICAL CERTIFICATION 20. DATE DE DEATH FLUE AU 23 19 45 at 9.284 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45 to Fibruary 23 19. 45 and that I last saw h
8. AGE: Years Months Days It less than one day 4 2	Immediate cause of death Bargantal Heart Disage Since built Due to
11. Industry or business 12. Name	Diher conditions Press Straig (Include pregnancy within 3 months of death)
14. Maiden name. Cartheline Shugeon 15. Birthplace manyland. Address	Major findings of operations
17. Bale thereof. 2/26/45 (Bnrial, cremation, or removal. Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director Nelsen Ellert Address East New Market Md.	Means of Injury Injured at work? 23. SIGNATURE L. O. herstill. M. D. or other
19. (Date rec'd by registrar) Registrar	Address Cambridge may land Bale signed fet 23, 198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No. 110	
1. PLACE OF DEATH: County Donate: City or town Earl New Market - Reval City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marghan County Donalaster City or town Last New Market County (If outside city or town limits, write RURAL and give nearest town Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple Cloud laider of	MEDICAL CERTIFICATION	
8. (b) Name of husbend or wife	Due to Cinciode pregnancy within 8 months of death) Major findings of operations.	
Address East New Market, Maryland, R.FD. 17. Bried Date thereof Debracy 19 1945 (Burial, cremation, or removal, Which?) Cometery or crematory. Therefore Content Con	Actopsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: County City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Lielie Ty les Seine	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Style, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH 15 4 9 19 19 19 19 19 19 19 19 19 19 19 19 1
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw hear alive on 14 28 19 X 5 Immediate cause of death DURATION 3 4 16
9. Birthplace	Due to. Tall rung Bue to. (17/3)
11. Industry or business 12. Name	Other conditions
14. Maiden name. 15. Birthplace 16. Informant 17. Maiden name. 18. Informant 19. Maiden name. 19	(include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 17. Bate thereof. (month) (day) (year), Cemetery or crematory.	PHYSICIAN: Please noderlies the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, full in the following; Accident, suicide, or homicide
Location 16. Funeral director Address	Meaos of Injury Injured at work?
19. March 19. X5 Janu D'hacel (Date rec'd by registrar) 19. X Con D'hacel Registrar	M. D. or other

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WRITE PLAINLY, WITH CKFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH carefully. The correct age arly and legibly. 2411 N. Charles St., Baltimore 12 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION tem of BINDING un 22 1945-11/0:30 AN 201 CERTIFY that death occurred on the date above stated: that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day RESERVED 8. AGE: ADING INK Physicians: 18. Usual occupation MARGIN 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINI, Address 22. VIOLENCE: If death was due to external causes, till to the following: 23- 2745 Date thereot ... (month) (day) (year) Where did injury occur? WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?

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MAR 6 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44-2

CERTIFICATE OF DEATH

			1	,	7_
Reg.	Diat.	No.	.1		7

Date signed 2 - 19-46

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Doubester	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Dochester
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John a. Styles	218-16-5394
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widowed	
	20. DATE OF DEATH February 19 1945 at 6 A.
8.(6) Name of husband or wife. Florence Styles	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of	and that I last saw harmalive and Left 2 19 44
deceased (mo., day, yr.) august 30, 1890	
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
54 5 19hrs.	Junemovia of
	nin. Jews 1
B. Birthplace Dorchester County, Maryland	Due to.
(Lown, county, and state)	
10. Usual occupation. Day faborer	
11. Industry or business Farm	Due fo
12. Name John Henry Styles	Other conditions
13. Birthplace Bricharte County, hay land	(Include pregnancy within 3 months of death)
14. Malden name	(Include pregnancy within 8 months of death)
17. mayon name	Major findings of operations.
	Date of op.
18. Informant Delama Coneway	Autopsy results.
1. Y . C .	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	
(Bnrial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or nomicide
Cometery or crematory Viena Colored Contary	Where did injury occur?
1. Mariland T	Injured of home, farm, Industry, public place (where?)
LOCATION	
18. Funeral director J. J. Framston & Son	Means of Injury Injured of work?
7 4/1	T. Cy
Address tedelalsburg Maryland	23. SIGNATURE COCCU
10 Feb 22 1045 mrs Robert Le True	M. D. or other
(Date rec'd by registrar) Registr	ar Address Date signed 2 - 19-4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (08)

CERTIFICATE OF DEATH

(11673 Reg. Diat. No. 118 / 19

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Couoty Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
City or town. Cambridge (If nutside city ar town limits, write RURAL and give nearest town)	State Maryland county Dorchester		
(If nutside city nr town limits, write RURAL and give nearest town)	City or town Rural Bishops Head (If nutside city nr town limits, write RURAL and give nearest town)		
How long in above place of death? 12 hrs. Hospital, iostitution, or street address where death occurred:	(If nutside city nr town limits, write RURAL and give nearest town)		
Cambridge Maryland Hospital	Street No. Bishops Head (If rural, give LOCATION)		
How long in hospital or institution? 12 hrs.	2.(a) if veteran, name war		
	N Company of the Comp		
3.(a) FULL NAME Mary Isabella Sullender	3. (b) Social Security Number		
4. Set 5. Color or race 6.(a) Single, married, wildowed, or divorced White Wildowed.	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. February 10, 19 45, at M		
Tohn N Sullender	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife John N. Sullender (Deceased)	File & 1845 10 EE 1D 1845		
T But Ada at	and that I fast saw have alive on 1945		
deceased (ma., day, yr.) Jan. 20, 1865.	Immediate cause of doubth		
8. AGE: Years Months Days If less than one day	de Les Prucencaces 10das		
80 - 10hrsmio.			
Bishops Head, Dor. Co., Md.	Bus to		
(Town, county, and atate)	DUC 10		
10. Usoal occopation. Domestic	B. de		
11. industry or business Home	07 00		
	Other coeditions.		
12. Name Wm. H. Pritchett 13. Birthplace Maryland			
	(Include pregnancy within 8 months of death)		
14. Malden name. Mach. V 0. 00111110111	Major findings of operations		
14. Maiden name Mary J. Johnson 16. Birthplace Maryland.	Date of op.		
16. Informant Mr. Johnson Robinson	Autopsy results		
0 3 3 7 352	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following:		
Burial Bate thereot Feb. 12, 1945. (Burial, crematinn, or removal, Which) (Burial, crematinn, or removal, Which)	Accident, sutcide, or homtelde		
Cemetery or crematory St. Thomas Cemetery	Where did injury occur?		
Dichara Wood Wd	tnjured at home, farm, industry, public place (where?)		
LeCompte's Funeral Service	Means of Injury injury injured at work?		
18. Funeral director Campriage, Md.	means of injury		
Address Campriage, Ma.	23 SIGNATURE OH Tacles		
704040	M. D. nr other		
(Date rec'd by registrar) (Date rec'd by registrar)	Address Executive Res Ved Date signed 7/17/45		

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2411 N. Charles St., Baltimore 33-7

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Dorchester City or town .Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. Race & Goldsborough Sts. (If rural, give LOCATION)

3. (b) Social Security Number

City or town Rural - Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Rte #2. Cambridge : c/o Dr.C.V. Taylor

2.(a) If veteran, name war. Spanish-American

Maryland

3. (a) FULL NAME

deceased (mo., day, yr.)

Male

8. AGE:

1. PLACE OF DEATH:

Causty Dorchester

Charles H. Taylor

Now long in above place of death? 5 Years Mospital. Institution, or street address where death occurred:

> 8.(a) Single, married, widowed or divorced White

How long in hospital or institution?......3. days

Married

8.(b) Name of husband or wife Emma Blanche Taylor

October 12, 1871 If less than one day

13 9. Birthplace nr. Cecilton, Cecil Co., Md.
(Town, county, and state)

10. Usual occupation Travelling Salesman, retired

Cambridge,

Md.

11. Industry or business Wholesale Dry Goods & Notions 12 Name John Wesley Taylor

E 12. Name John Wesley Taylo

14. Maiden name Susan St. Ulai.
15. Birthplace Hagerstown, Md. 16 Informant Charles V. Taylor

Address Eastern Shore State Hospital 17......Burai a] (Burial, eremation, or removal, Which?)

Cemetery or crematory Mt. Olivet Baltimore, Md.

Address Cambridge, Md.

19 45 John Mace In 7

Means of Injury

Other conditions Acute cardiac dilatation

MEDICAL CERTIFICATION

20, BATE OF DEATH. February 25 1945 at 6:22 A M

and that I last saw him alive on Feb. 25

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 22 19.45 to Feb. 25 19.45

Immediate cause of death Chronic ... Myocarditis .. &.

Myocardial Degenerati on

Que to Arteriosclerosis

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town) lojured at home, farm, industry, public place (where?)

The second secon RECUIVED THE COUNTY IN THE LINE WAS A PARTY. MAR 6 1945 BURFAT Y.S. 50 E . 100 E 570 E . The state of the messenti et male do

01675

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Carl 3 days				
(If outside sity or town limits write DIDAL and single and the	State Maryland county Dorchester			
How long in above place of death?	City or town			
Hospital, institution, or street address where death occurred: 203 Peachblossom Ave.	Sireei No. 203 Peachblossom Ave.			
ZUD LESCHDIOSBOM AVC.	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Elmer C. Todd	220-10-6133			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. DATE DE DEATH February 22 19 45 12:30P			
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above, stated; that I attended deceased from			
7. Birth date at				
deceased (ma., day, yr.) Jan. 12, 1895.	and that I last saw it for all ye oo			
8. AGE: Years Months Days If loss than one day	Immediate cause of death Mround 3 day			
50 1 10hrs.	mio.			
9. Birthplace Toddville, Dor. Co., Md. (Town, county, and state)	Chrime reputits 2 40			
(Town, county, and atate)	mulo carlatta 2/14			
to. Usual occupation Waterman				
1t. Industry or business Seafood	Due to			
12. Name. Amos Bl Todd	Other conditions			
Amos Bl Todd 12. Name Amos Bl Todd 13. Birthplace Maryland				
	(Include pregnancy within 8 months of death)			
	Major findings of operations.			
S 15. Birthplace Maryland.	Date of op.			
t6. Informant Mr. Lee Sinclair	Autopsy results			
Address Cambridge, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial Bariel Bate thereof Feb. 24 1 (month) (day) (year (Burial, eremation, or removal. Which?)				
Cometery or crematory Dorchester Memorial Pa	Where did injury occur? (City or town) (County) (State)			
Location Cambridge, Maryland,	Injured at home, tarm, todustry, public place (where?)			
18. Fuoral director	vice / Nale // / /			
Address Cambridge, Md.	Blows es Junter			
2/23/ 15 Del mar 1	23. SIGNATURE M. D. or other			
19. 2/23/ 18 45 John Mace Janes (Date rec'd by registrar)	gistrar Address Date signed - 23-417			

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

CABL SE SE STATE DE L'ARDE

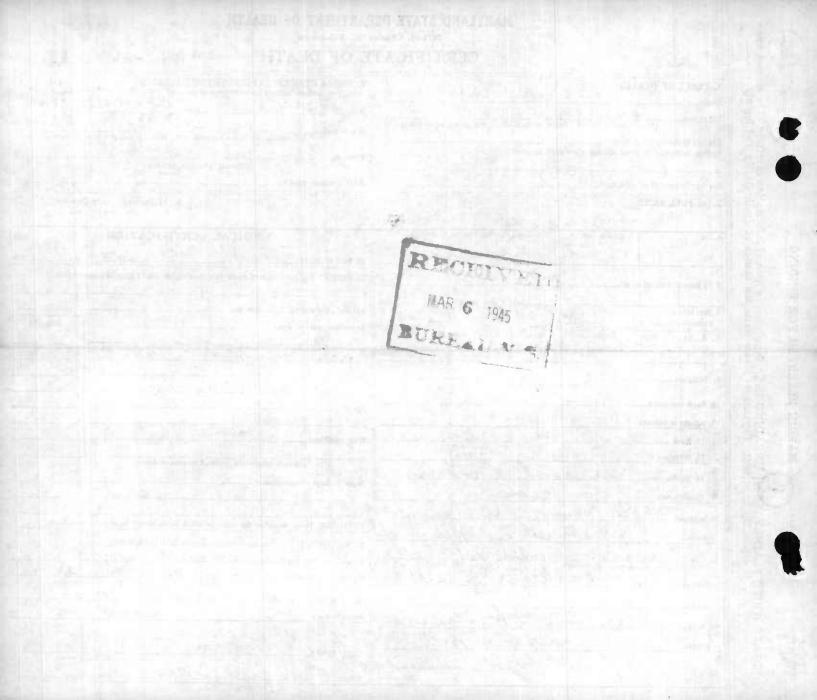
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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

90	2411 N. Charle	s St., Baltimore (R)
ect s	CERTIFICAT	E OF DEATH Reg. Dist. No. 1/6
ion carefully. The corr- clearly and legibly.	1. PLACE OF DEATH: Archeolic County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) State County County County Alf outside city or town limits, write RURAE and give nearest town) Street Ho. (If rural, give LOCATION)
ion	How long in hospital or institution?	2.(a) If veteran, name war
information of death cle	3. (a) FULL NAME 4. Sex 5. Color or rage , 8. (a) Single married, widowed, or divoged	3. (b) Social Security Number MEDICAL CERTIFICATION
of	Hale white serverced	20. DATE OF DEATH Ful 25 1945,11-30 M
- a	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
eve	7. Birth date of deceased (mo., day, yr.) Oct. 15-1866	and thet I last saw h
K. Supp please	8. AGE: 78 Nonths Days It less than one day hrs. min. 9. Birthplace (Town, county, and state)	Quesas Accidental
IG INK	10. Usual occupation. Waterman	Bue to.
rFADING IN: t. Physicians:	11. Industry or husiness 12. Name	Other conditions
mportant.	14. Maiden name Sural E Vickers 15. Birthplace Alor Co.	(Include pregnancy within 8 months of death) Major findings of eperations
	16. Informant Mrs Levere W. Taylor Address Caruling Md R 72	Autopsy results
न इ	17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur?
WRITE	Location Cambridge Today	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
EASE	18. Funeral director	23 SIGNATURE M. Shriver, Def. Must. Exam. M. D. or other
PL	19. 2/26/19 45 John Mace St.	Address Chanselmadas Add Bate signed Lafon Lobe



NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WINETANF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

	13	1	6	7	7.
Reg.	Di	st.	No.		116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
to the standard of the standar	State Manylend County Doschester
City or town	City or town.
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
	Street No. 7.3.7 (If rural, give LOCATION)
How long le hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cicilia Dalem Naughn	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jende wend money	20. DATE OF DEATH Strucy 411 1945- 11/3:30
6.(b) Name of husband or wife Mm. Done Vough	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	960may 3 1945- 10 february 11 19 45
7. Birth date of deceased (mo., day, yr.) August 15- 1902	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
42 4 16hrsmin.	5- harter
males med	1944
9. Birthplace(Town, county, and state)	Bue to
10. Usuat occupation.	Due to
11. Industry or business	
E 12. Name Charles Cana	Other conditions Character 1948
13. Birthplace Moslies MA	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations.
15. Birthplace Wesless My	Date of op.
16. Informant Down Naughan	Autopay results.
Address ~ 37 Cedar of Combuly Wh	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bank Bale thereof 4th 13 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate therest (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Cel Tell	injured at home, farm, ledustry, public place (where?)
18. Funeral director August 4 Bayrum	Means of Injury Injured at work?
Address Combudge Met	Can II m st cea me
3/12/ 45 Od mace & me	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Sun Feela 95 Date signed 2 - 12 - 43

RESULT 1945
BURLAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

111678

87 Clan WA M. D. or other

Date signed 2 - 17 - 4 1-

ch

CERTIFICA	TE OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME herley Woolford	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowel, or divorced	MEDICAL CERTIFICATION
1 I colon mornil	20, DATE OF DEATH Library 19 19 45- 219:20 a.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 7. Birthplace	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19. 10. 19.7.3. and that I last saw h
# 12 Hame Hame / Huntley	Biher conditions Sen August 27
13. Birthplace King + June Co Na	Nama Allel bot les 5 m
14. Maiden name. Markette 15. Birthplace. Markette 15. Informant.	(Include pregnancy within 3 menths of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Communication of removal Which?) Bate thereof (menth) (day) (year) Cemetery or crematory.	22 VIOLENCE: It doubt was due to external causes, fill in the following:
- 1 1011	Injured at home, tarm, industry, public place (where?)
Location	Mone of latury Interest of the state of the

23. SIGNATURE.

Address..

. M4

VS A15

18. Funeral director.

